

IN THE COMMON PLEAS COURT OF BUCKS COUNTY PENNSYLVANIA

THE UNITED STATES OF AMERICA; et seq.
Plaintiff (Petitioner)

V.

SANDRA J. MILLER; et al.
Defendant (Respondent)

CASE and/or DOCKET No.: 17-03877

Sheriff's Sale Date: _____

AFFIDAVIT OF SERVICE

TYPE OF PROCESS: COMPLAINT

I, James F. Mallinson, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party, and that I attempted to serve SANDRA J. MILLER the above process on the 10 day of November, 2017, at 9:11 o'clock, A M, at 780 Park Avenue Apt. 2R Woonsocket, RI 02895-8800

Manner of Service:

By handing a copy to:

- ☐ An officer, partner, trustee, or registered agent of the Defendant organization who is not a plaintiff in the action*
- ☐ The manager, clerk, or other person for the time being in charge of a regular place of business or activity of the Defendant organization who is not a plaintiff in the action *
- ☐ An agent authorized by the Defendant organization in writing to receive service of process for it who is not a plaintiff in the action *
- ☐ By handing a copy to the Defendant(s)
- ☒ By handing a copy at the residence of the Defendant(s) to an adult member of the family with whom he/she resides or to the adult person in charge of the residence because no adult family member was found *
- ☐ By handing a copy at the residence of the Defendant(s) to the clerk or manager of the hotel, inn, apartment house or other place of lodging at which he/she resides *
- ☐ By handing a copy at the office or usual place of business of the Defendant(s) to the Defendant's(s') agent or to the person for the time being in charge thereof *
- ☐ By posting a copy of the original process on the most public part of the property pursuant to an order of court

* Name: Mark Mello

Relationship/Title/Position: Co-Resident

Remarks: _____

Description: Approximate Age 56 Height 5'7 Weight 160 Race W Sex M Hair Black

Defendant was not served because: ☐ Moved ☐ Unknown ☐ No Answer ☐ Vacant

☐ Other: _____

Service was attempted on the following dates/times:

1) _____ 2) _____ 3) _____

Commonwealth/State of RI

County of Providence

)

) SS:

)

Before me, the undersigned notary public, this day, personally, appeared James F. Mallinson to me known, who being duly sworn according to law, deposes the following:

I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service are true and correct.

James F. Mallinson
(Signature of Affiant)

RI Constable #6174
James F. Mallinson

Subscribed and sworn to before me
this 10 day of November, 2017

Stephanie Paolino
Notary Public

File Number: USA-173404
Case ID #: 5032193

STEPHANIE PAOLINO
NOTARY PUBLIC ID 50253
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES APRIL 23, 2019

X Mark Mello